

FULL FACILITY PROFILE

LIFE CARE AT HOME OF UTAH  
181 SOUTH 5600 SOUTH  
MURRAY UT 84107  
STATE'S REGION CODE: 001

PROVIDER #: 467115  
PHONE NUMBER: (801) 288-0200  
PARTICIPATION DATE: 08/21/1997

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OFFICIAL HEALTH AGENCY  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS  
CERTIFIED HOSPICE PROVIDER NO: NONE  
NUMBER OF SUBUNITS: NONE  
PARENT AGENCY PROVIDER NO: NONE  
NUMBER OF BRANCHES: NONE

| SERVICES OFFERED              | STAFFING |
|-------------------------------|----------|
| NURSING                       |          |
| REGISTERED NURSE              | 3.00     |
| LICENSED PRACTICAL NURSE      | 1.00     |
| PHYSICAL THERAPY              | .00      |
| OCCUPATIONAL THERAPY          | .05      |
| SPEECH THERAPY                | .05      |
| MEDICAL SOCIAL WORKER         | .05      |
| HOME HEALTH AIDE              | 2.80     |
| INTERN/RESIDENT               |          |
| NUTRITIONAL GUIDANCE          | .00      |
| PHARMACEUTICAL SERVICES       | .00      |
| APPLIANCE & EQUIPMENT SERVICE |          |
| VOCATIONAL GUIDANCE           |          |
| LABORATORY SERVICES           |          |
| OTHER                         | 4.50     |

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE TRAINING/COMPETENC  
NUMBER RECORDS REVIEWED WITH HOME VISITS: 5  
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10  
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
TOTAL RECORDS REVIEWED: 15  
TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 07/27/2000  
DATE PROVIDER SIGNED POC:  
REVISIT DATES:

PROGRAM REQUIREMENTS

| LEVEL OF<br>REQT | TAG<br># | REQUIREMENT | PLAN/DATE<br>OF CORRECTION | STATUS OF<br>DEFICIENCY | # AND PERCENT OF FACILITIES<br>NOT MEETING REQUIREMENT |   |        |   |        |   |
|------------------|----------|-------------|----------------------------|-------------------------|--|---|--------|---|--------|---|
|                  |          |             |                            |                         | STATE  |   | REGION |   | NATION |   |
|                  |          |             |                            |                         | #  | % | #      | % | #      | % |

\*\*\*\* NO DEFICIENCIES FOUND ON CURRENT SURVEY \*\*\*\*

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 07/27/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC:  
REVISIT DATES:

| LEVEL OF<br>REQT | TAG<br># | REQUIREMENT | PLAN/DATE<br>OF CORRECTION | STATUS OF<br>DEFICIENCY | # AND PERCENT OF FACILITIES<br>NOT MEETING REQUIREMENT |   |        |   |        |   |
|------------------|----------|-------------|----------------------------|-------------------------|--|---|--------|---|--------|---|
|                  |          |             |                            |                         | STATE  |   | REGION |   | NATION |   |
|                  |          |             |                            |                         | #  | % | #      | % | #      | % |

| TYPE OF<br>DEFICIENCY<br>-----       | TOTAL THIS<br>FACILITY<br>----- | AVERAGE NUMBER OF DEFICIENCIES PER FACILITY |                 |                 |
|--------------------------------------|---------------------------------|---|-----------------|-----------------|
|                                      |                                 | STATE<br>-----                              | REGION<br>----- | NATION<br>----- |
| CONDITION/LEVEL A                    | 0                               | 0.00  | 0.05            | 00.17           |
| STANDARD/LEVEL B                     | 0                               | 1.07  | 1.66            | 03.24           |
| REGIONAL OFFICE FLAG (INCLUDES COPS) | 0                               | 0.00  | 0.05            | 00.17           |
| HEALTH TOTAL                         | 0                               | 1.07  | 1.72            | 03.42           |

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

| COP | DEFICIENCY NOT<br>CORRECTED<br>----- | DEFICIENCY CORRECTED<br>AFTER APPROVAL<br>----- | REPEAT COP<br>DEFICIENCY<br>----- |
|-----|--------------------------------------|---|-----------------------------------|
|     | 0                                    | 0   | 0                                 |

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